MAPPING THE PHONE LINES Assessing the need for pharmacist-led telephone interviews in the pre-admission clinic

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Background

- Nurse-conducted telephone interviews are common in Australian pre-admission clinics (PACs), and account for a significant proportion of the reviews conducted
- Nurses obtain patients' medication histories, which are reviewed by medical officers or anaesthetists
- Patients may be selected for telephone interviews if a physical examination is not required or if they have difficulty attending the hospital
- Medication complexity is often not considered
- In most PACs, pharmacists have limited involvement with telephone interviews due to funding limitations

Aim

To assess the complexity and accuracy of medication histories taken by nurses via telephone for patients awaiting elective surgery at the Royal Brisbane and Women's Hospital.

Method

Patients who had a nurse telephone interview between June-July 2018 identified using electronic records

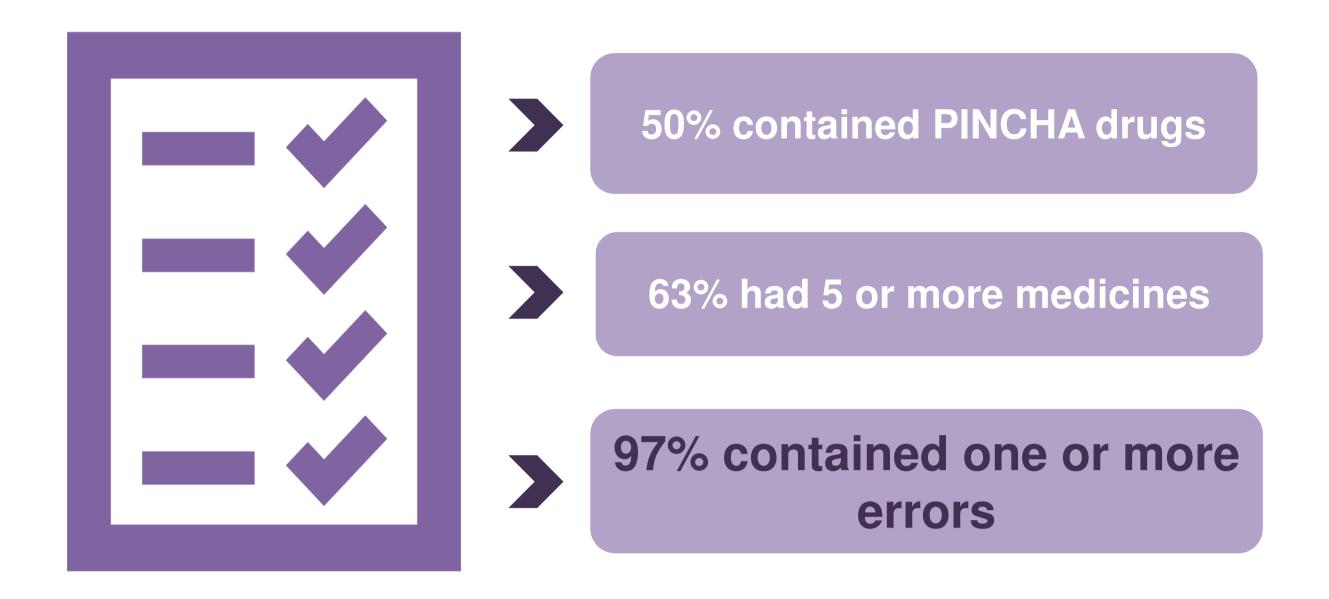
The medication history taken was compared with the pharmacist's history on admission, which was determined as the gold standard

Medication errors and omissions were identified and risk rated

Patients without a pharmacist conducted history were excluded from the study

Results

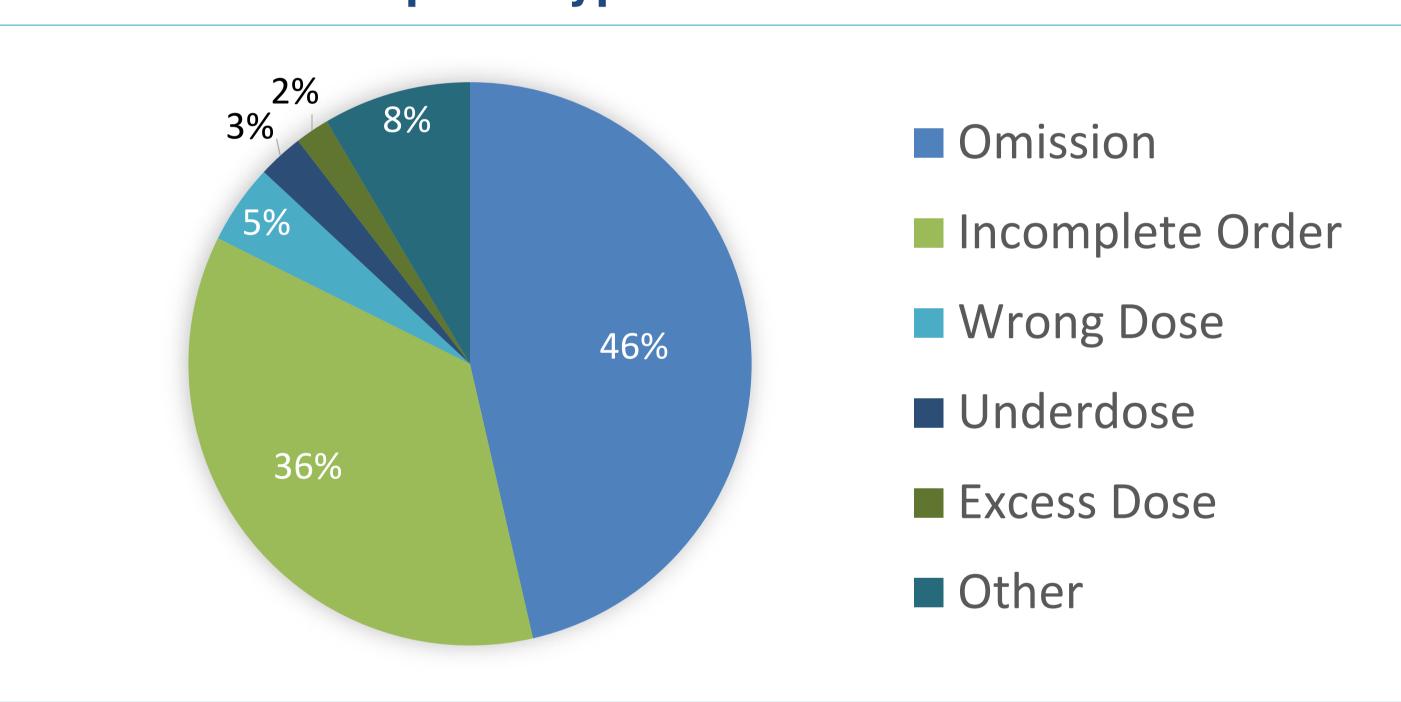
30 medication histories were reviewed during the study period



203 individual medications were reviewed in total

• 153 (75%) of these had an error

Graph 1: Type of Medication Error





- Excess dose of opioid documented with multiple other sedating medicines
- Nil medications listed for a patient actually taking 6 medications, including an anticoagulant
- Regular medication omitted from patient's history (candesartan, atorvastatin and dutasteride-tamsulosin).
- Long-term antibiotic for chronic infection omitted from medication history

Conclusion

Many patients receiving pre-admission telephone interviews are taking complex medication regimes and are at risk of medication misadventure if an accurate history is not obtained. Pharmacists have the expertise to facilitate safe perioperative medication management which would be greatly beneficial in this setting. Data from this audit was used to support a business case for an extra pharmacist in the RBWH Pre-admission Clinic to assist with performing telephone pre-admission reviews.

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9 histories contained a HIGH RISK error 29 of 30

Excess dose of opioid prescribed with multiple other sedating medicines

Nil medications listed for patient usually on 6 meds, including anticoagulant and rate-control

7 histories contained a MEDIUM RISK error

Regular medication omitted from patient's history (candesartan, atorvastatin and dutasteride-tamsulosin).

Long-term antibiotic for chronic infection omitted from medication history

medication histories had ≥1 error